									j	0	9/	853	307	6
								(Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 NC 79, 167														
. CLAIMS AS FILED - PART I (Column 1) (Column 2)									E)	ипту —	OR	OTHER SMALL		
TOTAL CLAIMS			14			,#E.W	1	RATE	Ė	FEE]	RATE	FEE	
FOR			NUMBER FILED NUMB			ER EXTRA		BASIC I	FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			/			0		X\$ 9	=		OR	X\$1B=		
INDEPENDENT CLAIMS			2 minus 3 = 0			•	X40=				OR	X80=		
MULTIPLE DEPENDENT CLAIM PRESENT								+135	=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTA	L	<u> </u>	OR	TOTAL	710.0	0
CLAIMS AS AMENDED - PART II OTHER THA														
_	4, 1,44	(Column 1) 5		イ(Colun HIGH	nn 2) EST	(Column 3	4	SMA	LLI	ADDI-	OR I I	SMALL	ADDI-	
AMENDMENT A		REMAINING AFTER AMENDMENT		ŅUMI PREVIC PAID	USLY	PRESENT EXTRA		RATI	E	TIONAL FEE		RATE	TIONAL FEE	
	Total	. 14	Minus	ر	0	= /		X\$ 9	=		OR	X\$18=		
	Independent	· J	Minus	<i></i> (3	= /	1	X40=	-		OR	X80≈		l m
	FIRST PRESE	NTATION OF MI	JLTIPLE DEI	PENDENT	CLAIM	Щ.	J	+135	_		OR	+270=		m
•								101	AL			TOTAL		1 3
(Column 1) (Column 2) (Column 3)									EE		1 · · · .	ADDIT. FEE		8
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	EST BER OUSLY	PRESENT EXTRA			Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	BEST AVAILABLE
	Total	•	Minus	44		=	1	X\$ 9:	=		OR	X\$18=		h
	Independent	•	Minus	***		-		X40=	_		OR	X80=		S
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J	+135	_		OR	+270=		269
								101			00	TOTAL		
									EE		Ų.,	ADDIT. FEE	<u> </u>	1
<u>.</u> .	(Column 1) CLAIMS			(Column 2) HIGHEST		(Column 3)		<u> </u>	_	ADDI-	1	<u></u>	ADDI-	ł
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVIO PAID	USLY	PRESENT EXTRA		RATE	:	TIONAL FEE		RATE	TIONAL FEE	
	Total	•	Minus	**				X\$ 9	-		OR	X\$18=		
	Independent	•	Minus	•••		=		X40=			OR	X80=		
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDENT	CLAIM		J		ᅦ			+270=		1
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.													ł	
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, anter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												L	1	
	The "Highest Nur	ber Previously Pa	id For" (Total o	r Independ	ent) is the	e highest num	ber fo	und in the	app	propriate bo	a pu co	lumn 1.		

FORM PTO-875 (Rev. 8/00)